



DEPARTMENT OF INSURANCE

STATE OF ARIZONA

Financial Affairs Division – Tax Unit

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Survey of Arizona Domestic Insurers - 2005 Calendar Year Reporting Period - Instructions

Arizona Administrative Code R20-6-206(D) requires: *"Data to be Reported by Domestic Insurers. Each domestic insurer shall file a Survey of Arizona Domestic Insurers as part of its Premium Tax and Fees Report. The Survey shall report the following data for the calendar year covered by the insurer's Premium Tax and Fees Report with respect to each foreign country or other state in which the insurer was required to pay any local or regional taxes:*

- 1. Total local or regional taxes paid; and*
- 2. Total premiums taxed under the premium taxing statute of the foreign country or other state, as reported by the insurer in any premium tax report filed under the laws of the foreign country or other state."*

States that are known by this Department to have jurisdictions that impose taxes, fees or assessments upon insurers on a local or regional basis have been identified and are listed in the Survey form. Completion of the Survey in the manner prescribed is mandatory and failure to comply will subject the company to disciplinary actions.

RECORDS NEEDED TO COMPLETE FORM E-SURVEY

To complete and file the Survey in compliance with the requirements, you will need copies of your 2005 ANNUAL PREMIUM TAX REPORTS FOR THE STATES OF Alabama, Florida, Georgia, Illinois, Kentucky, Louisiana, Missouri, Nebraska, New York, Pennsylvania, South Carolina and West Virginia

DEFINITIONS OF TERMS USED IN FORM E-SURVEY

"TOTAL PREMIUMS TAXED" means the total premiums or considerations, including fees, finance or service charges where applicable, reported in STATE annual premium tax reports filed for the reporting period upon which a STATE premium tax was imposed.

"TOTAL LOCAL AND REGIONAL TAXES PAID" means the sum of all payments made to cities, counties and other political subdivisions, such as parishes or regional taxing authorities for any tax, license and other obligations such as fees and assessments.

INSTRUCTIONS TO COMPLETE THE SURVEY

COLUMN 1 – Enter **NO** in Column 1 on the line for a State if:

- the company did NOT possess a certificate of authority in that State for any part of 2005 and was NOT required to file a State annual premium tax report due to orphan premiums or annuity considerations paid by residents of that State.
- the company only transacted business as an approved Surplus Lines Insurer in that State during 2005 and was NOT required to file a State annual premium tax report in that State.

Enter **YES** in Column 1 on the line for a State if:

- the company possessed a certificate of authority in that State for any part of 2005.
- the company did not possess a certificate of authority in that State for any part of 2005 but was required to file a State annual premium tax report due to orphan premiums or annuity considerations paid by residents of that State.

COLUMN 2 - Enter the amount of **Life Insurance Premiums**, including fees where applicable, upon which a STATE premium tax was imposed as reported in the 2005 STATE annual premium tax report filed with each State where YES is entered in Column 1. If no Life Insurance Premiums were taxed by a State where YES is entered in Column 1, enter "0" on the line for that State in Column 2.

COLUMN 3 - Enter the amount of **Annuity Considerations**, including fees where applicable, upon which a STATE premium tax was imposed as reported in the 2005 STATE annual premium tax report filed with each listed State where YES is entered in Column 1. If no Annuity Considerations were taxed by a State where YES is entered in Column 1, enter "0" on the line for that State in Column 3.

COLUMN 4 - Enter the total amount of **All Other (excluding Life and Annuity) Premiums**, including fees, finance and service charges where applicable, upon which a STATE premium tax was imposed as reported in the 2005 STATE annual premium tax report filed with each State where YES is entered in Column 1. If no Other Premiums were taxed by a State where YES is entered in Column 1, enter "0" on the line for that State in Column 4.

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COLUMN 5 - Enter the Total Local and Regional Taxes PAID to cities, counties and other political subdivisions, such as parishes or regional taxing authorities of each state where YES is entered in Column 1. If there was no Local or Regional Tax was paid in a State where YES is entered in Column 1, enter "0" on the line for that state in Column 5.

REQUIRED DOCUMENTATION, ASSEMBLY AND DELIVERY

The following documents are required to accompany the Form E-Survey filing:

- One copy of the 2005 Annual Statement SCHEDULE T.
- One copy of the page(s) of the STATE Annual Premium Tax Report(s) that document(s) the amount(s) reported for each state in Columns 2, 3 and 4 of Form E-SURVEY.

Assemble the copies of the State Annual Premium Tax Reports in alphabetical order, by State.

Attach the copy of SCHEDULE T on top of the group of alphabetized copies of Tax Reports.

Staple or clip the ORIGINAL completed Form E-Survey on top of the SCHEDULE T

MAIL THE SURVEY WITH ALL ATTACHMENTS BY MARCH 1ST TO:

Attention: PREMIUM TAX UNIT
FINANCIAL AFFAIRS DIVISION
ARIZONA DEPARTMENT OF INSURANCE
2910 NORTH 44TH STREET, SUITE 210
PHOENIX, AZ 85018-7269

PLEASE CALL THE TAX UNIT AT (602) 364-3998 FOR ASSISTANCE